



MARYLAND Department of Health

Larry Hogan, Governor · Boyd Rutherford, Lt. Governor · Dennis Schrader, Secretary

July 14, 2017

Public Health Preparedness and Situational Awareness Report: #2017:27 Reporting for the week ending 07/08/17 (MMWR Week #27)

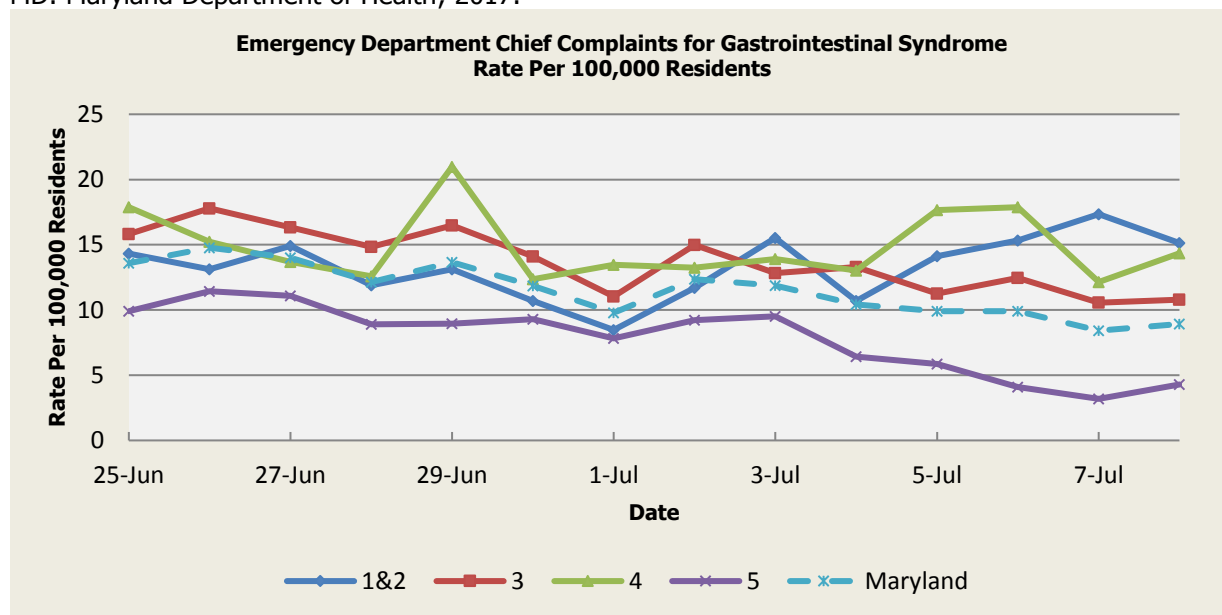
CURRENT HOMELAND SECURITY THREAT LEVELS

National: No Active Alerts

Maryland: Level Four (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

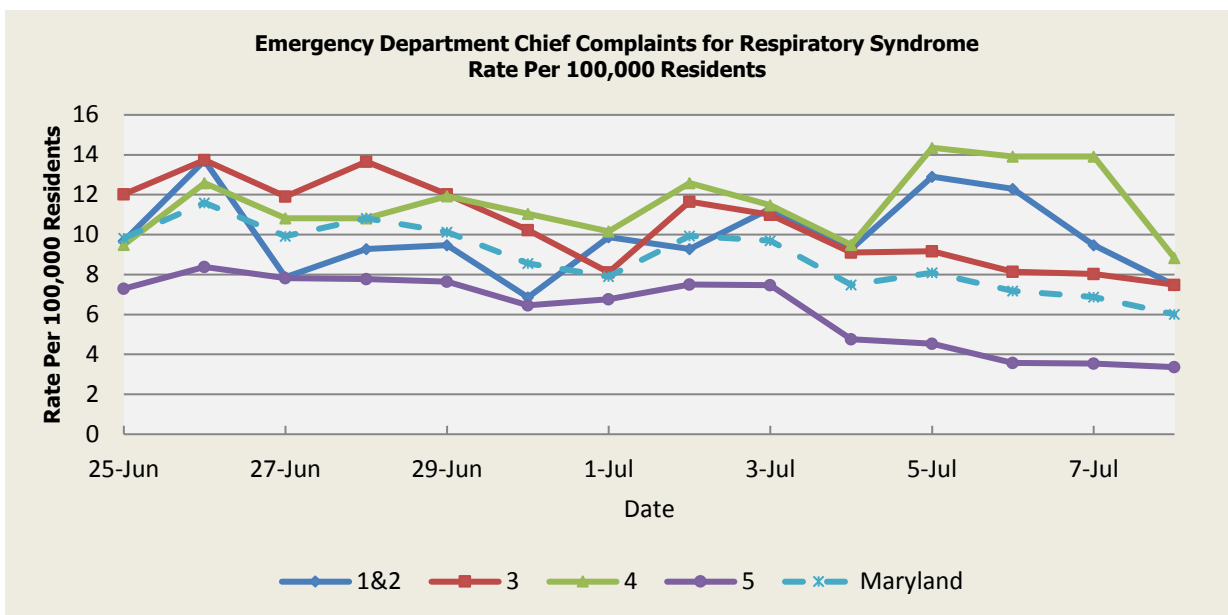
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes (excluding the "Other" category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2017.



There was one (1) Gastrointestinal Syndrome outbreak reported this week: one (1) outbreak of Gastroenteritis in a Nursing Home (Region 3).

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.58	14.73	15.04	10.04	12.78
Median Rate*	12.91	14.80	15.02	10.22	12.95

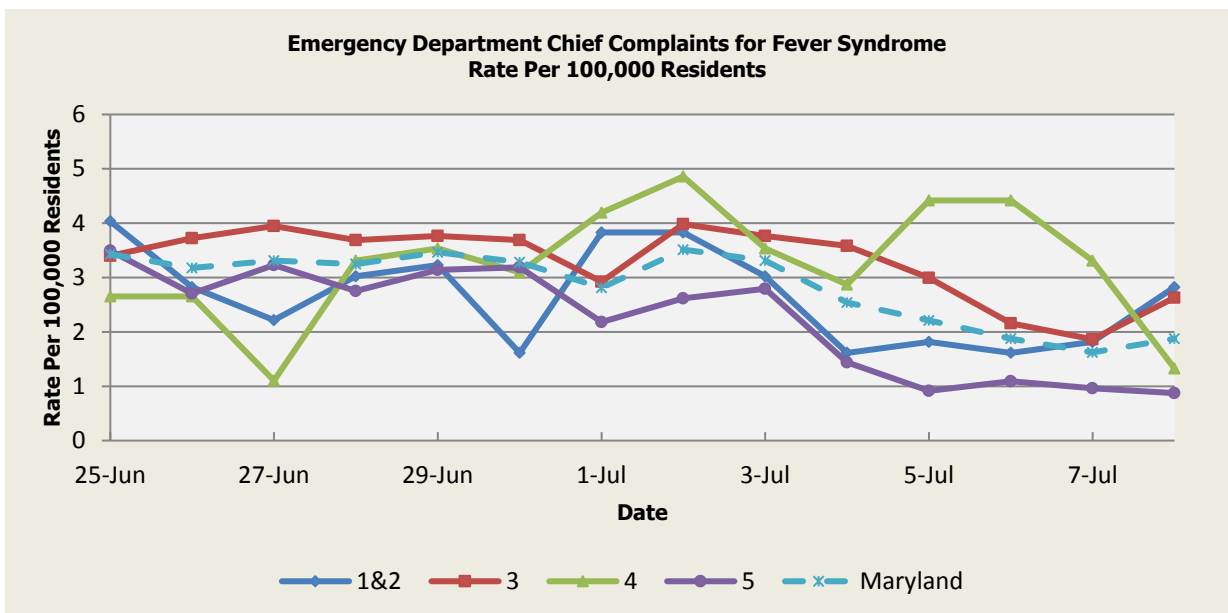
* Per 100,000 Residents



There was one Respiratory Syndrome outbreak reported this week: one (1) outbreak of Legionellosis in an Assisted Living Facility (Region 3).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	11.74	14.09	13.98	9.71	12.21
Median Rate*	11.70	13.88	13.91	9.65	12.05

* Per 100,000 Residents

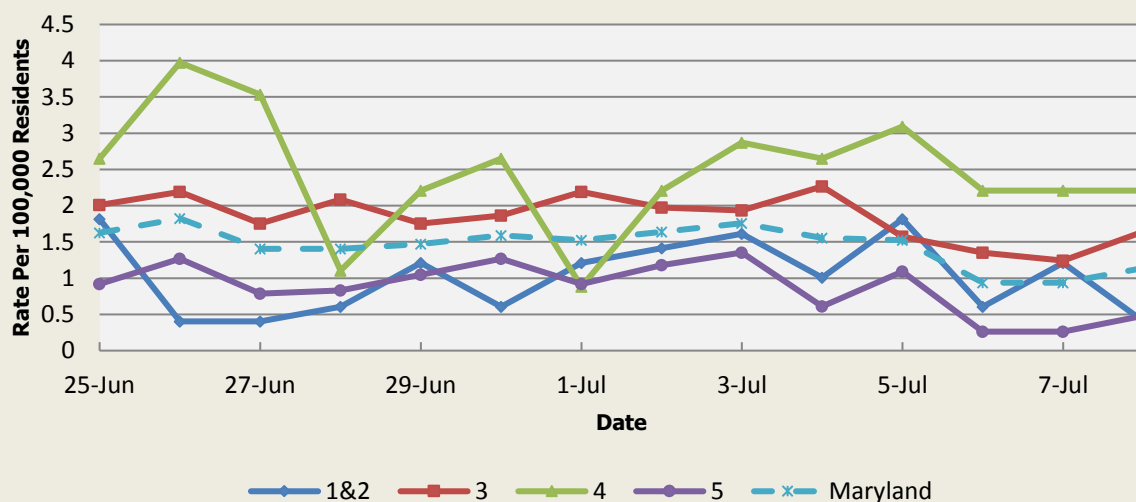


There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.95	3.77	3.88	3.00	3.42
Median Rate*	2.82	3.76	3.75	2.97	3.40

Per 100,000 Residents

Emergency Department Chief Complaints for Localized Lesion Syndrome Rate Per 100,000 Residents



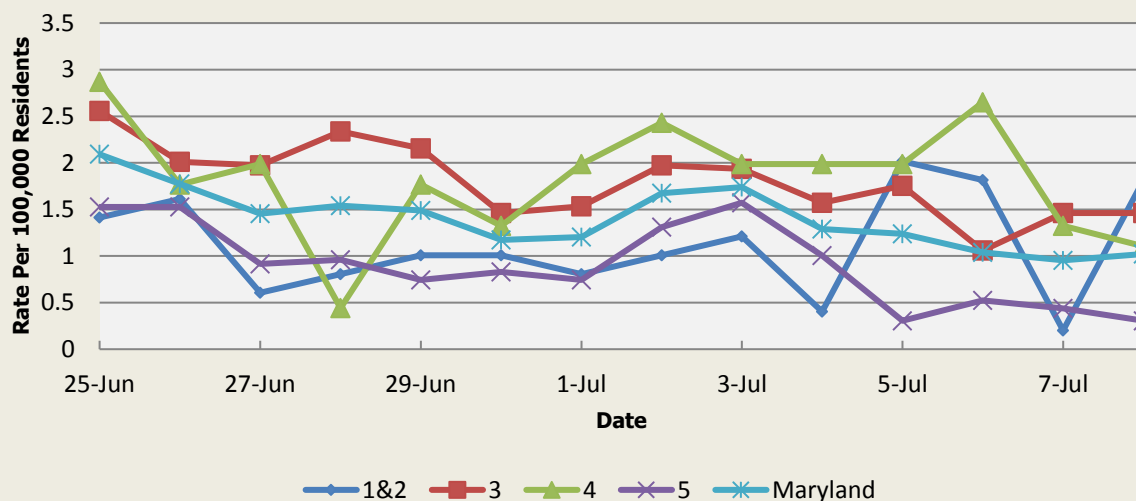
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present

Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.02	1.84	1.97	0.94	1.44
Median Rate*	1.01	1.83	1.99	0.92	1.42

* Per 100,000 Residents

Emergency Department Chief Complaints for Rash Syndrome Rate Per 100,000 Residents

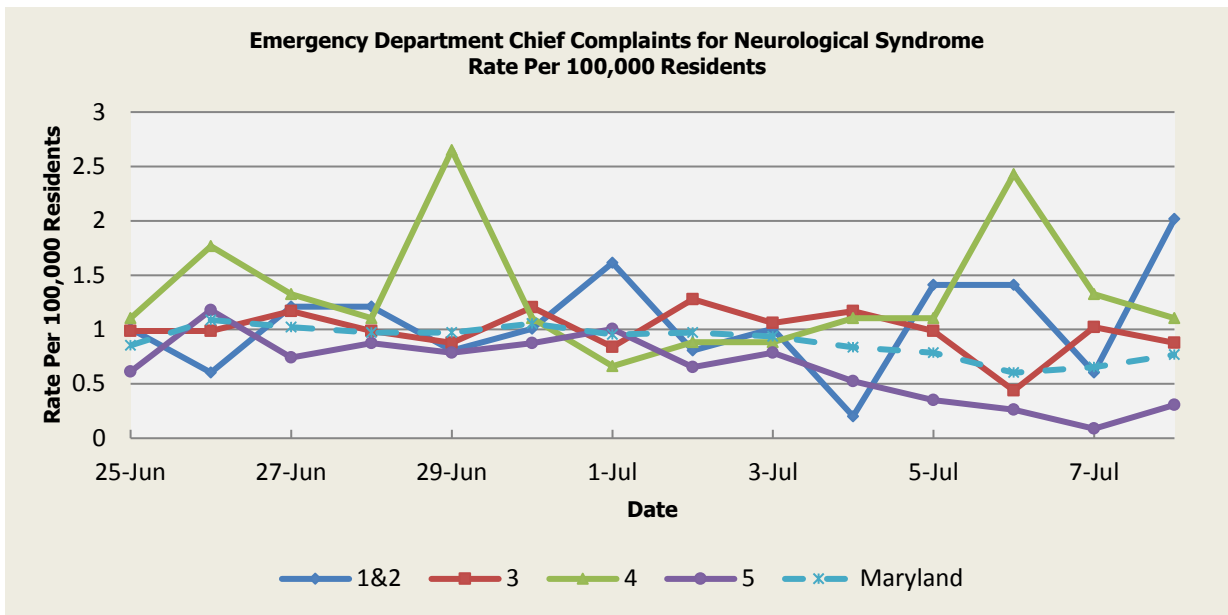


There were no Rash Syndrome outbreaks reported this week.

Rash Syndrome Baseline Data January 1, 2010 - Present

Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.21	1.71	1.72	1.00	1.40
Median Rate*	1.21	1.68	1.77	1.00	1.39

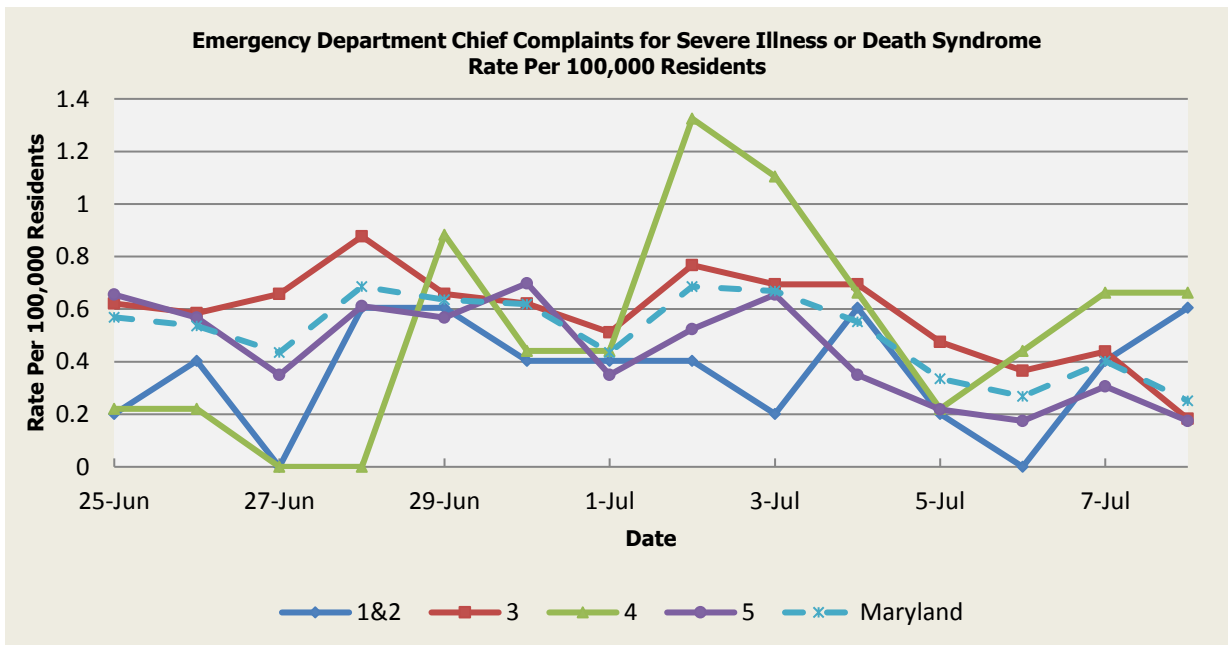
* Per 100,000 Residents



There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.63	0.78	0.67	0.49	0.65
Median Rate*	0.60	0.69	0.66	0.48	0.59

* Per 100,000 Residents

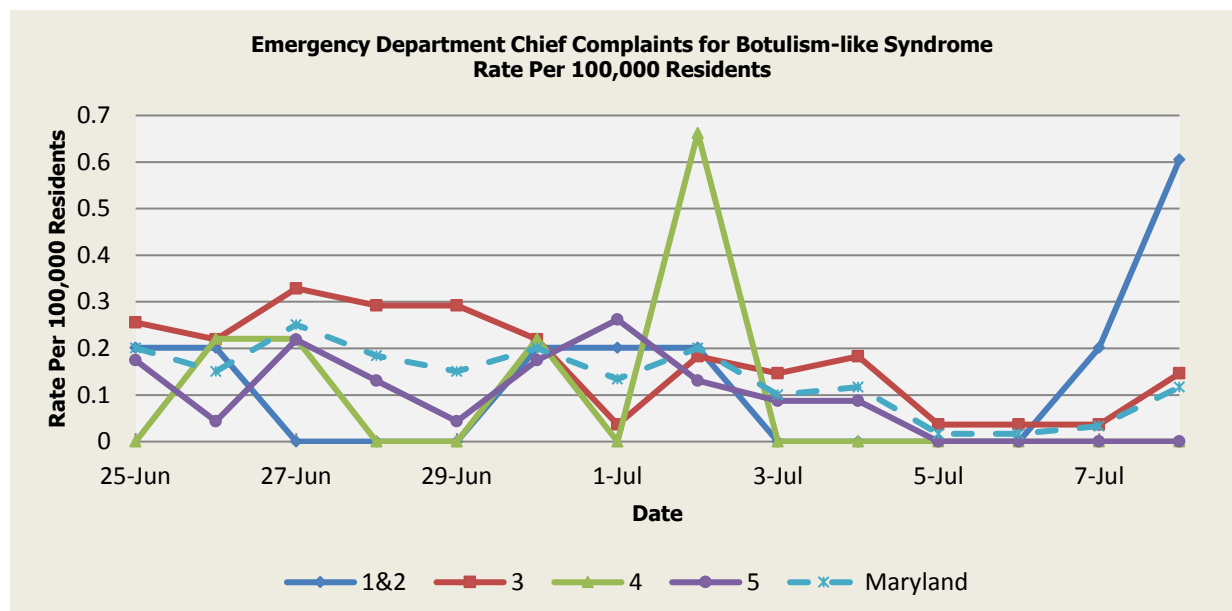


There were no Severe Illness or Death Syndrome outbreaks reported this week.

Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.63	0.90	0.79	0.45	0.69
Median Rate*	0.60	0.91	0.66	0.44	0.70

* Per 100,000 Residents

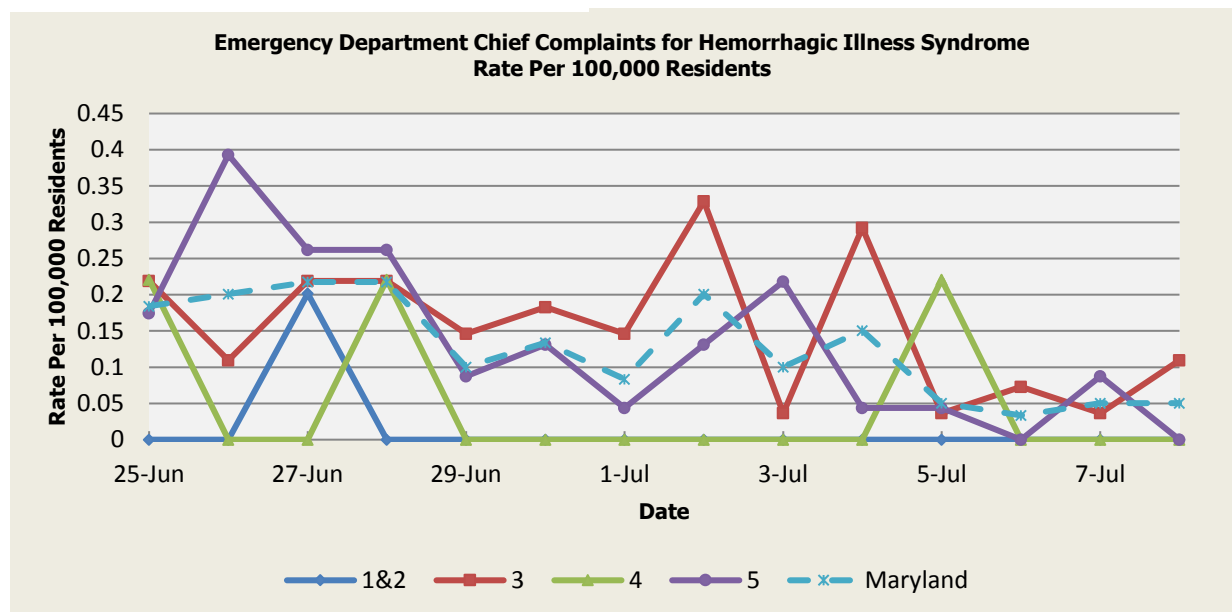
SYNDROMES RELATED TO CATEGORY A AGENTS



There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 06/25 (Regions 1&2,3,5), 06/26 (Regions 1&2,3,4), 06/27 (Regions 3,4,5), 06/28 (Regions 3,5), 06/29 (Region 3), 06/30 (Regions 1&2,4,5), 07/01 (Regions 1&2,5), 07/02 (Regions 1&2,3,4,5), 07/04 (Region 3), 07/05 (Region 3), 07/06 (Region 3), 07/07 (Regions 1&2), 07/08 (Regions 1&2). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.06	0.09	0.04	0.06	0.07
Median Rate*	0.00	0.07	0.00	0.04	0.05

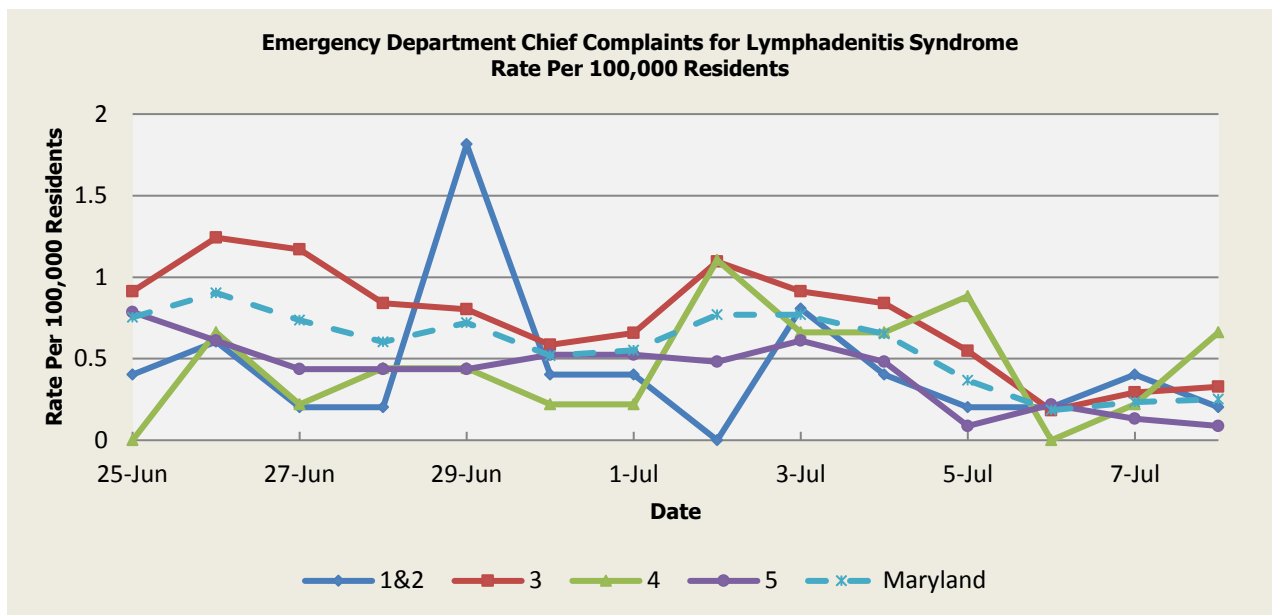
* Per 100,000 Residents



There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 06/25 (Region 4), 06/26 (Region 5), 06/27 (Regions 1&2,5), 06/28 (Regions 4,5), 07/02 (Region 3), 07/03 (Region 5), 07/05 (Region 4). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.03	0.13	0.03	0.09	0.10
Median Rate*	0.00	0.04	0.00	0.04	0.05

* Per 100,000 Residents



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on 06/25 (Region 5), 06/26 (Regions 1&2,3), 06/27 (Region 3), 07/02 (Regions 3,4), 07/03 ((Regions 1&2), 07/05 (Region 4). These increases are not known to be associated with any outbreaks.

Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.30	0.51	0.34	0.31	0.40
Median Rate*	0.20	0.40	0.22	0.26	0.33

* Per 100,000 Residents

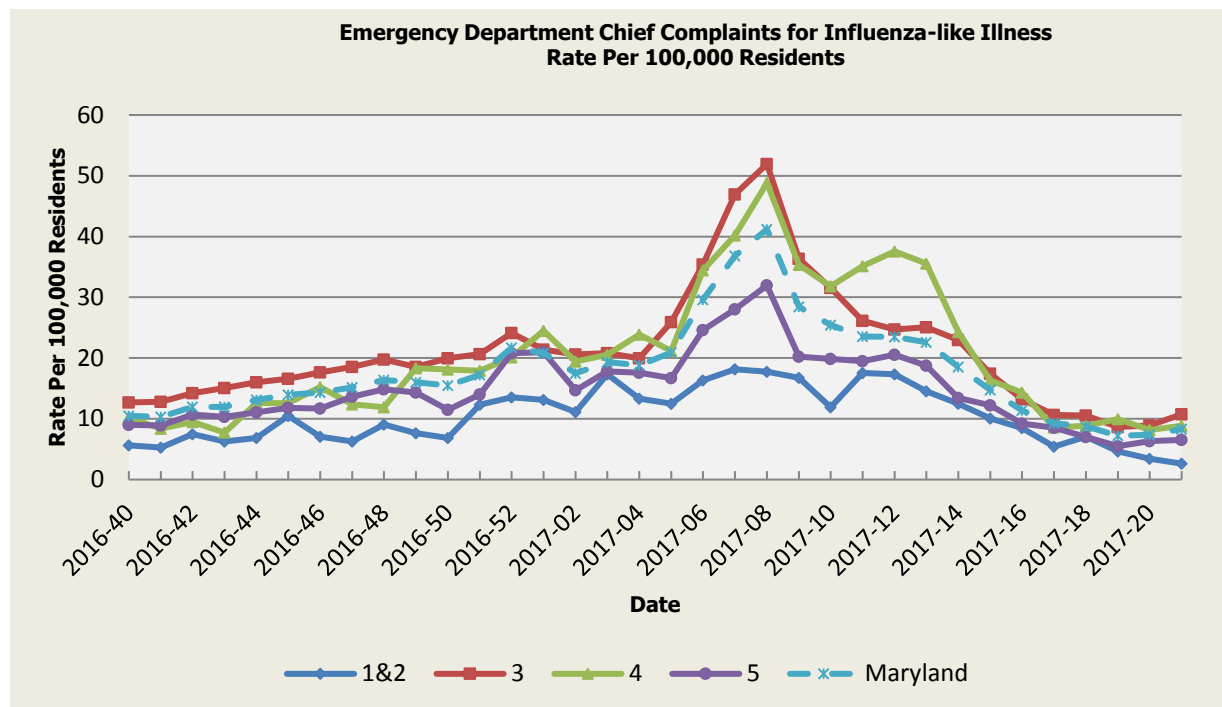
MARYLAND REPORTABLE DISEASE SURVEILLANCE

Condition	Counts of Reported Cases†					
	July			Cumulative (Year to Date)**		
Vaccine-Preventable Diseases	2017	Mean*	Median*	2017	Mean*	Median*
Aseptic meningitis	6	11.6	10	145	199.8	189
Meningococcal disease	0	0	0	4	3	2
Measles	0	0	0	4	3.8	3
Mumps	0	0.4	0	20	33.6	11
Rubella	0	0	0	1	3.6	3
Pertussis	3	6.8	6	113	159	164
Foodborne Diseases	2017	Mean*	Median*	2017	Mean*	Median*
Salmonellosis	18	34.2	34	344	409	401
Shigellosis	3	4	3	124	104.2	125
Campylobacteriosis	11	31.2	33	378	381.8	384
Shiga toxin-producing Escherichia coli (STEC)	4	5.4	5	77	72	71
Listeriosis	0	1	1	12	6.4	7
Arboviral Diseases	2017	Mean*	Median*	2017	Mean*	Median*
West Nile Fever	0	0.2	0	0	3	2
Lyme Disease	77	160.2	163	1606	1545.6	1483
Emerging Infectious Diseases	2017	Mean*	Median*	2017	Mean*	Median*
Chikungunya	0	0	0	0	2	0
Dengue Fever	0	1.2	1	6	14	9
Zika Virus***	0	2	0	1	7.8	4
Other	2017	Mean*	Median*	2017	Mean*	Median*
Legionellosis	2	6.2	5	103	83.6	84

NEDSS data: Maryland National Electronic Disease Surveillance System (NEDSS). Baltimore, MD: Maryland Department of Health; 2017. † Counts are subject to change *Timeframe of 2011-2017**Includes January through current month. *** As of July 13, 2017, the total [Maryland Confirmed and Probable Cases of Zika Virus Disease and Infection](#) for 2017 is 40.

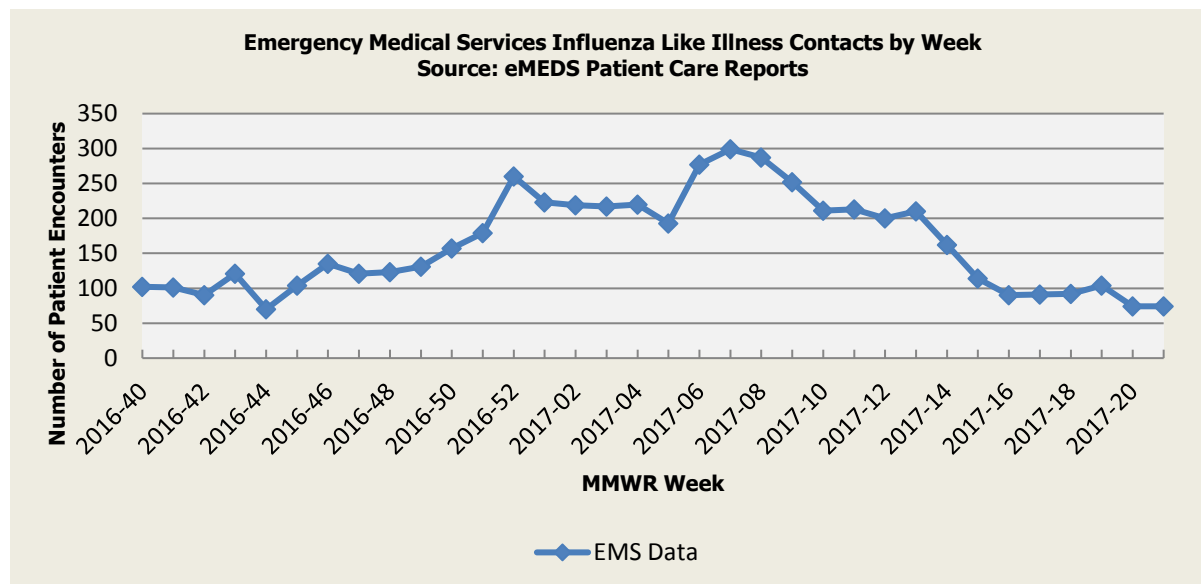
SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October through May).



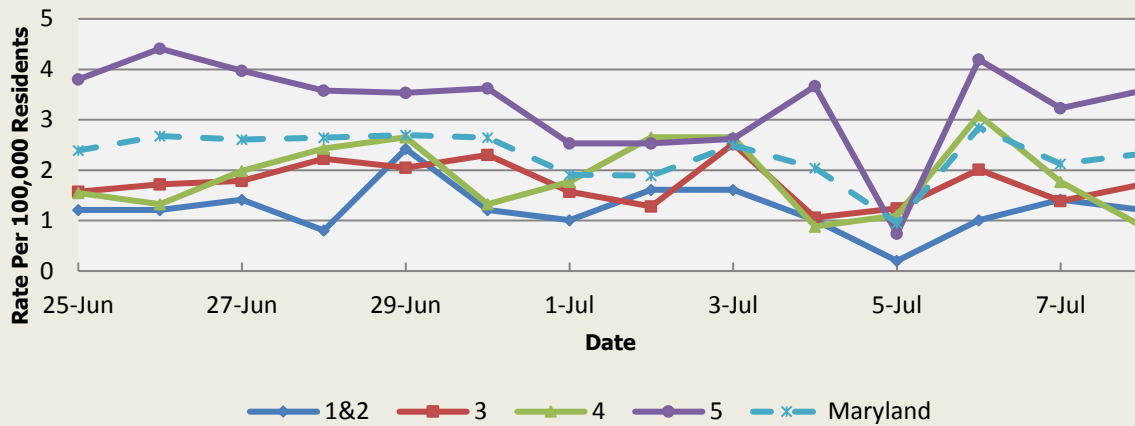
Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	167.70	223.96	205.49	194.23	206.50
Median Rate*	7.66	9.63	9.05	8.51	9.00

* Per 100,000 Residents



Disclaimer on eMEDS flu related data: These data are based on EMS Pre-hospital care reports where the EMS provider has selected "flu like illness" as a primary or secondary impression of a patient's illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

Over-the-Counter Medication Sales Related to Influenza Rate Per 100,000 Residents

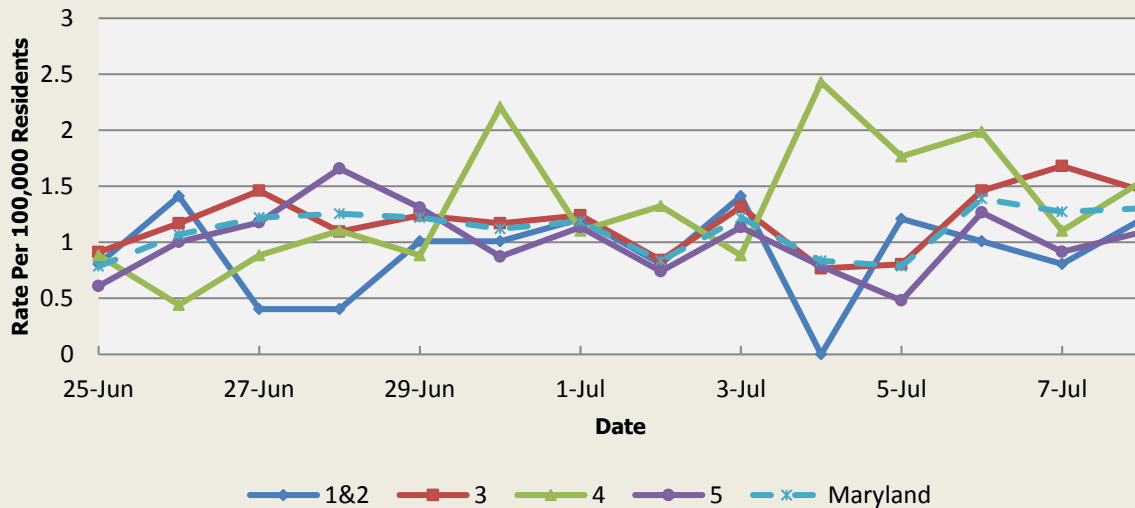


There was not an appreciable increase above baseline in the rate of OTC medication sales during this reporting period.

OTC Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.68	4.78	2.66	8.24	5.85
Median Rate*	3.23	4.38	2.43	8.03	5.52

* Per 100,000 Residents

Over-the-Counter Thermometer Sales Rate Per 100,000 Residents



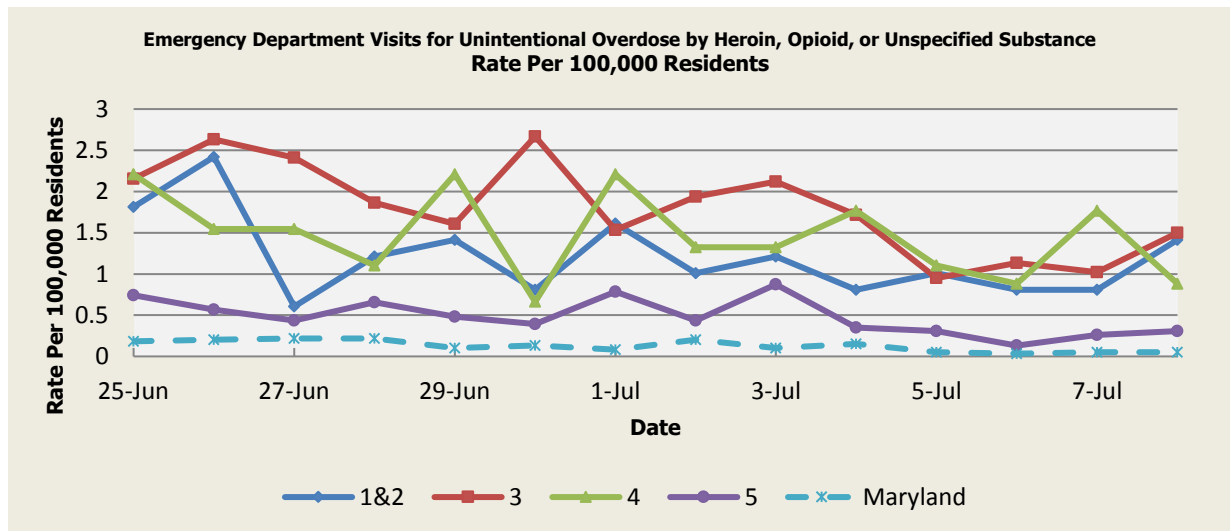
There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.28	3.15	2.44	4.21	3.51
Median Rate*	3.02	3.03	2.43	4.06	3.36

* Per 100,000 Residents

SYNDROMIC OVERDOSE SURVEILLANCE

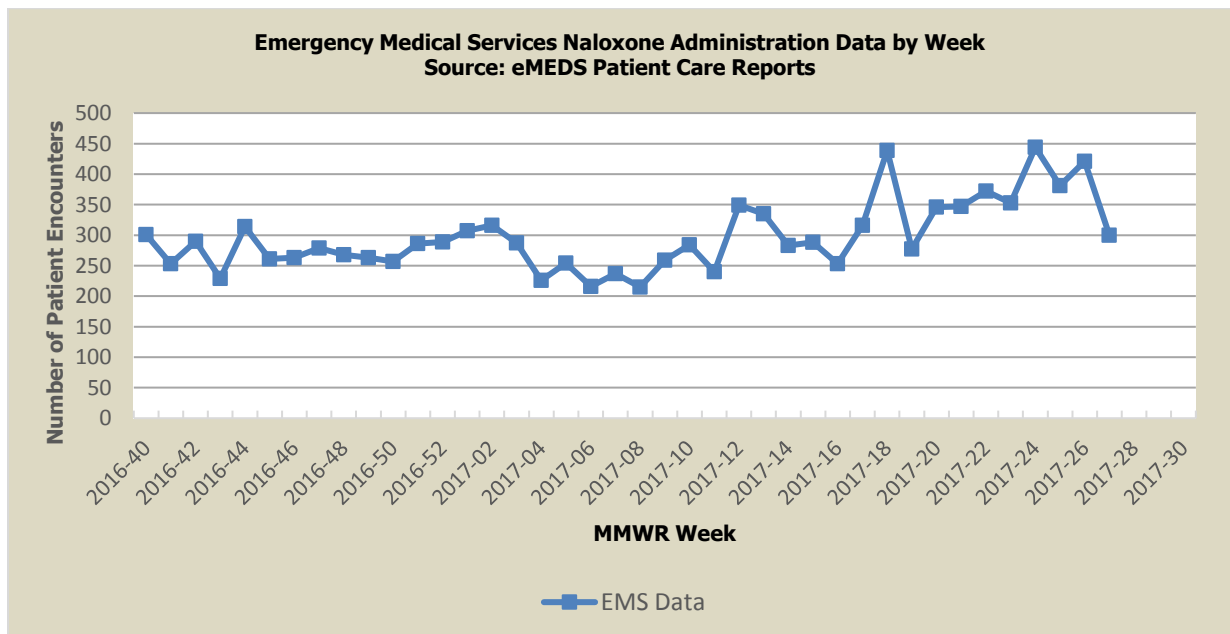
The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that the majority of fatal overdoses are Opioid-related.



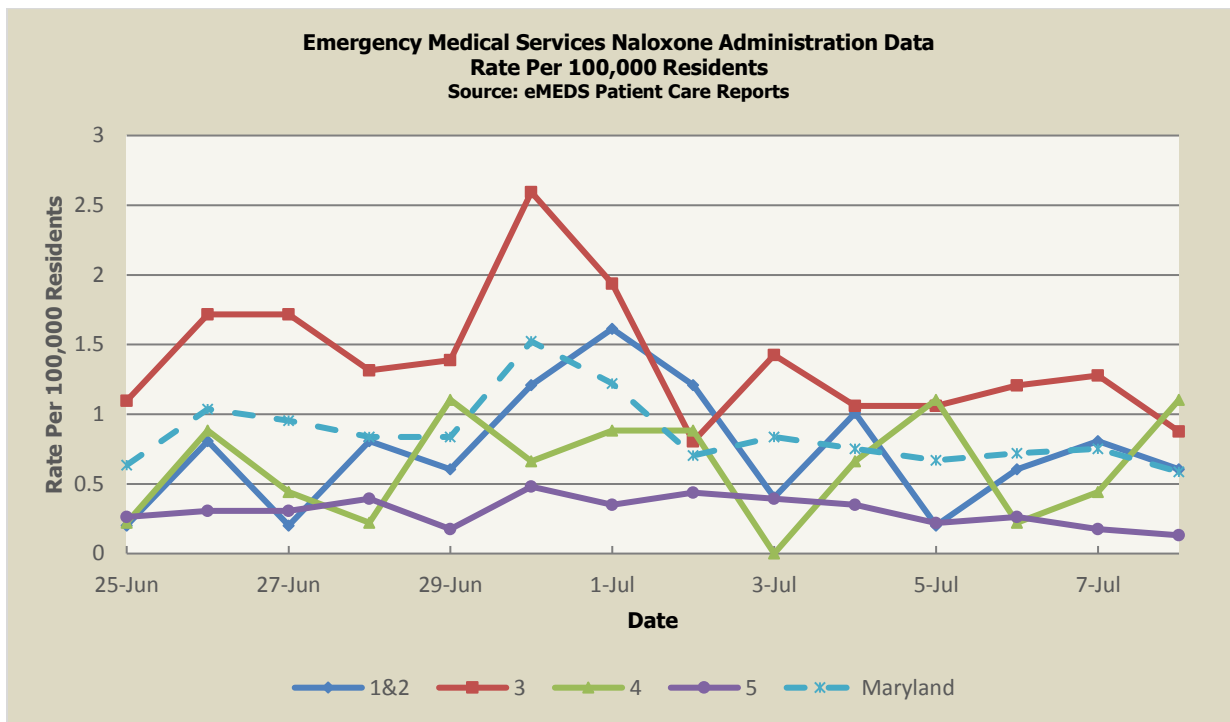
Disclaimer on ESSENCE Overdose related data: ESSENCE chief complaint and discharge diagnosis query for overdose-related illness includes but is not limited to the following terms: heroin, opioid, speedball, dope, fentanyl, naloxone, narcan, and overdose.

Non-fatal Overdose ED Visit Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.32	0.41	0.36	0.14	0.30
Median Rate*	1.01	1.32	1.10	0.48	0.99

* Per 100,000 Residents



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.



Disclaimer on eMEDS Naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

EMS Naloxone Administration Data Baseline Data January 1, 2017 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.32	0.41	0.36	0.14	0.30
Median Rate*	1.01	1.32	1.10	0.48	0.99

* Per 100,000 Residents

PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of June 15, 2017, the WHO-confirmed global total (2003-2017) of human cases of H5N1 avian influenza virus infection stands at 859, of which 453 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA

HPAI H5N8 (BELGIUM) 07 July 2017, A new infection by the pathogenic H5N8 avian influenza virus has been observed in an amateur breeding establishment in Bassenge (province of Liège), the Federal Agency for the safety of the food chain (Afsca) announced on [Wed 5 Jul 2017]. So far, a total of 13 confirmed "infection" locations have been detected. A temporary buffer zone of a radius of 3 km [approx. 1.8 mi] has been delineated to include the communes of Liège in Bassenge, Oupeye, Visé and Limburg in Riemst. In the buffer zone, movements of poultry, other birds and hatching eggs are prohibited. Each holder of birds and poultry must feed and water his poultry indoors and send to his burgomaster, within 48 hours, a species inventory of the number of animals present. The order will be in place for at least 3 weeks, says Afsca. Read More: <http://www.promedmail.org/post/5157930>

HUMAN AVIAN INFLUENZA

H7N9 (CHINA), 11 July 2017, The Centre for Health Protection (CHP) of the Department of Health is today [Fri 7 Jul 2017] monitoring a notification from the National Health and Family Planning Commission about one additional human case of avian influenza A(H7N9) which was recorded from [30 Jun 2017 to 6 Jul 2017] in Xinjiang Uygur Autonomous Region. It strongly urged the public to maintain strict personal, food and environmental hygiene both locally and during travel. The 35-year-old male patient, who was known to have sold and slaughtered live chickens at a market, had onset on [23 Jun 2017] and subsequently passed away on [30 Jun 2017]. Travelers to the Mainland or other affected areas must avoid visiting wet markets, live poultry markets or farms. They should be alert to the presence of backyard poultry when visiting relatives and friends. They should also avoid purchasing live or freshly slaughtered poultry, and avoid touching poultry/birds or their droppings. They should strictly observe personal and hand hygiene when visiting any place with live poultry. Travelers returning from affected areas should consult a doctor promptly if symptoms develop, and inform the doctor of their travel history for prompt diagnosis and treatment of potential diseases. Read More: <http://www.promedmail.org/post/5160322>

There were no reports of human cases of avian influenza in the United States at the time that this report as compiled.

NATIONAL DISEASE REPORTS

RABIES (OREGON), 7 July 2017, A Benton County resident was bitten by a bat that tested positive for rabies, health officials from the State of Oregon and the Benton County Health Department confirmed [Wed 5 Jul 2017]. On [Mon 3 Jul 2017], Benton County Environmental Health learned a resident was bitten by a bat on [Sun 2 Jul 2017]. According to Benton County, the resident noticed the bat behaving unusually on the front port of his or her residence before the person was bitten. Read More: <http://www.promedmail.org/post/5157811>

BOURBON VIRUS (MISSOURI), 09 July 2017, The daughter of a 58-year-old woman from Sullivan has confirmed that her mother died from complications relating to the Bourbon virus [infection] contracted by a tick bite. The woman was the assistant park superintendent at Meramec State Park in Sullivan. She had lived and worked in the park for 10 years. Her daughter, who is a registered nurse, said the cause of death is listed as respiratory failure, but she feels it was brought on by the tick-borne virus. She died on 23 Jun [2017] after spending 24 days in Barnes Hospital, St. Louis. Despite testing positive for the virus twice at Barnes [hospital], the family is still awaiting official confirmation from the Centers for Disease Control (CDC) that the Bourbon virus lead to her death. Read More: <http://www.promedmail.org/post/5161486>

HEPATITIS A (MICHIGAN), 07 July 2017, A hepatitis A outbreak has caused 10 deaths over the last year in metro Detroit and has Michigan health officials on alert and investigating. According to the Michigan Department of Health and Human Services, there have been nearly 190 confirmed cases of hepatitis A in the city of Detroit, as well as Macomb, Oakland, Wayne and St Clair counties. Those cases have come between 1 Aug 2016 and 26 Jun 2017. That represents an increase of nearly 10-times during the same time in the previous year. Read More: <http://www.promedmail.org/post/5158430>

ANAPLASMOSIS (NEW YORK), 09 July 2017, A tick-borne illness is becoming more prevalent in Rensselaer County [New York State]. News Channel 13 reported that 8 cases of anaplasmosis were reported Friday morning [7 Jul 2017] alone, and more than 100 cases have been reported in the county since May 2017. In June 2017, the Rensselaer County health department issued an alert about the bacterial infection. Read More: <http://www.promedmail.org/post/5161576>

SALMONELLOSIS (MICHIGAN), 09 July 2017, Michigan officials are investigating an egg producer in connection with a salmonellosis outbreak linked to Hollandaise sauce made with unpasteurized raw eggs and served at an unidentified restaurant. Marquette County, MI health officials announced their investigation into the June 2017 outbreak of *Salmonella Enteritidis* on Friday, 7 Jul 2017, but did not include any specific details. Instead, the news release from the Marquette County Health Department reminded the public that "many foodborne illnesses increase during the warm summer months as people picnic and have outdoor family gatherings," and offered tips for avoiding food poisoning at such events. Read More: <http://www.promedmail.org/post/5160072>

E. COLI EHEC (UTAH), 11 July 2017, The public health department on Tue 11 Jul 2017 said that the number of *E. Coli* O157 cases in Hildale, UT had increased to 11 and issued a warning to residents there about consuming raw milk and ground beef. David Heaton, a spokesman for the Southwest Utah Public Health Department said that most of the cases are children. That has public health officials and physicians worried, he said, because this particular strain of *E. Coli* has been shown to cause kidney failure in kids. "We're hoping the care these kids are receiving will prevent that," Heaton said. Read More: <http://www.promedmail.org/post/5167176>

HEPATITIS A (CALIFORNIA), 13 July 2017, A Hepatitis A outbreak in the San Diego area has claimed the life of a 5th person, county health officials reported on Wed 12 Jul 2017. The outbreak now totals 228 cases and required the hospitalization of 161 of those sickened, according to the county Health and Human Services Agency. So far, the disease has mostly affected the homeless population and/or users of illegal drugs, with 7 out of every 10 cases affecting those populations. One of every 5 people sickened with Hepatitis A also has hepatitis C. Read More: <http://www.promedmail.org/post/5173051>

JAMESTOWN CANYON VIRUS (MAINE), 13 July 2017, An unnamed adult in Kennebec County was hospitalized after showing symptoms of Jamestown Canyon virus infection, which is carried by a species of mosquitoes found in Maine.

This may be the 1st reported case of Jamestown Canyon virus infection in the state, according to Siiri Bennett, the state epidemiologist. The virus is "relatively rare," Bennett said. One study found that only

12

31 cases of the disease were found nationally over a 14-year period. None of the cases was in Maine, and none resulted in death, she said. Read More: <http://www.promedmail.org/post/5173201>

INTERNATIONAL DISEASE REPORTS

RABIES (MALAYSIA), 8 July 2017, Another child from Serian has been admitted to the Sarawak General Hospital (SGH) for treatment for suspected rabies infection, bringing the total number of cases to 4. Women, Family and Community Development Minister Datuk Seri Rohani Abdul Karim said the hospital was, however, still awaiting test results to confirm whether the young victim is infected with rabies. She did not disclose the identity and age of the child, although she confirmed that the victim had come from one of the affected villages in Serian. "The victim is currently under observation at the ICU together with a 7-year-old girl who was confirmed to have rabies infection. The doctors are still waiting for test reports before they can confirm whether the new victim has rabies," Rohani told reporters here Saturday [8 Jul 2017]. Read More: <http://www.promedmail.org/post/5161834>

RABIES (PHILIPPINES), 5 July 2017, A total of 3 persons died after being bitten by rabid dogs while another 15 dogs were placed under observation after testing positive for the dreaded virus. As this developed, Dr Albert Venturina, Bataan provincial veterinarian appealed to the pet owners have their animals vaccinated against rabies. Venturina said that Bataan Governor Abet Garcia has directed the conduct of anti-rabies and vaccination drives down to the barangay [the smallest administrative division in the Philippines] level to prevent casualties. Venturina said that in addition to the stock of the province, 2 [named] multi national companies had donated anti-rabies vaccines to the province. Read More: <http://www.promedmail.org/post/5160395>

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the MDH website:
<http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS): <http://flusurvey.health.maryland.gov>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County

